

MADISON COUNTY SUPERINTENDENT OF SCHOOLS
VIRGINIA CITY, MONTANA 59755

PO Box 247 ♦ Phone (406) 843- 4217 ♦ FAX (406) 843-5252 ♦ e-mail judi@3rivers.net

HOME SCHOOL REGISTRATION

The receipt of this form by the County Superintendent of Schools about your intention to home school your child (children) will ensure compliance with Section 20-5-109(5) MCA.

Judi H. Osborn

Madison County Superintendent of Schools

These students will be enrolled in home school for the _____ --- _____ school year.

STUDENT	DATE OF BIRTH	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to satisfy all sections of state law, specifically 20-5-109 (2-4), the following additional information is necessary.

- (1) Maintain records on pupil attendance and disease immunization and make records available to the county superintendent of schools;
 - (2) Provide at least 180 days (or use hours as noted in letter) or equivalent in accordance with 20-1-301 and 20-1-302;
 - (3) Be housed in a building that complies with applicable local health and safety regulations;
 - (4) Provide an organized course of study that includes instruction in the subjects required of public schools as a basic instructional program pursuant to 20-7-111;
- History: En.sec.2,Ch.355,L 1983;and Sec.3,Ch.498.L1989.

All 5th-8th grade students may participate in the Madison County Spelling Bee. Please indicate if you are interested in being notified about the Spelling Bee. _____YES _____NO.

Contact the school in your district to receive information about Achievement Tests. Please call by December 1.

Name of Parent or Guardian (Please Print): _____

Signature: _____

Mailing and Physical Address: _____

Phone Number: _____

Date: _____